SFTP QUALITY IMPROVEMENT TOOLS

The attached Quality Improvement (QI) tools were revised and developed as a collaborative effort between the Los Angeles County Emergency Medical Services (EMS) Agency and the approved Standing Field Treatment Protocol (SFTP) providers currently using SFTPs in Los Angeles County.

In 2002, an SFTP QI subcommittee was formed with representation from the EMS Agency and three of the seven existing SFTP providers. The goal of the subcommittee was to revise and develop system-wide critical indicators and "fallout" criteria for each of the current protocols and establish system-wide consistency when evaluating SFTP use. For reference, the web site listed below provides the appropriate number of Forms to review in order to obtain a 95% confidence level with a 5% confidence interval. http://www.gifted.uconn.edu/siegle/research/Samples/samsize.html

Utilization of these QI tools by all SFTP providers will ensure consistent and uniform evaluation of the protocols currently being used by field personnel. The tools will assist in identifying the need for protocol revision and trends in Los Angeles County Prehospital care.

Each protocol has critical indicators listed, the rationale for that indicator, and the fallout criteria. A worksheet was developed that includes a table with critical indicators, fallouts, and a comment area. When using these worksheets, the reviewer will simply indicate areas that meet fallout criteria by placing an "X" or "√" mark in the corresponding area. The comment section should be used to describe the fallout. For example: the 1244 protocol (chest pain) calls for administration of Nitroglycerin to be repeated in 3-5 minutes up to two times for continued chest pain. In this scenario the patient continued to experience chest pain five minutes after administration of the initial dose and no further dose was given even though there was time to give another dose prior to arrival at the receiving hospital. This should be documented in the comments section that only one nitroglycerin was administered and the patient continued to have pain.

If a run has fallout criteria in more than one area, it should only be counted once as a fallout in the total statistics for that protocol.

The worksheets can also be utilized to report monthly statistics for each protocol. Simply write "monthly statistics" in the upper right hand corner of the worksheet, the month being reported and the total fallouts for each critical indicator in the appropriate column. The total number of forms reviewed during that review period should be indicated. A narrative note or summary sheet analyzing the data should also be included.

Critical Indicator Definitions

Standing Field Treatment Protocols

ALL PROTOCOLS		
Indicator	**Rationale**	**Criteria for Fallout**
Airway	Basic/advanced airway management as indicated by the patient's respiratory status.	Patient exhibits signs of ineffective ventilation and ventilation is not assisted with a BVM, ETT, King LTS-D, CPAP.
Pulse Oximetry Documented	Use pulse oximetry and document reading to guide oxygen therapy. The desired oxygen saturation for most non-critical patients is 94%-98%.	Pulse oximetry not documented on PCR Form.
Oxygen Documented (if indicated)	Oxygen should be administrated only when indicated for signs and/or symptoms of hypoxia such as: oxygen saturation less than 94% with respiratory distress, altered mental status or changes in skin signs.	Oxygen administration is not documented when indicated.
Perfusion Status (Adult/Child) Excluding: 1210 – Non-Traumatic Arrest 1271 – Burns 1275 – General Trauma 1277 – Traumatic Arrest	SFTPs are not to be utilized for medical patients exhibiting signs of poor perfusion. Base contact is required if perfusion is inadequate.	Poor perfusion is documented and base contact is not initiated. Perfusion status is determined based on multiple parameters, including: Blood pressure Heart rate Tissue color Mentation
Perfusion Status (Neonate) (Refer to 1262)	Perfusion in the newborn is evidenced by capillary refill and skin color, heart rate and respiratory effort.	Skin color, capillary refill, heart rate and respiratory effort not documented.

Critical Indicator Definitions

Standing Field Treatment Protocols

REFERENCE NO. 1202 – GENERAL ALS

Indicator	Rationale	Criteria for Fallout
Medical treatment not indicated that was given. Medical treatment indicated, but not given, and not supported by documentation	Protocols must be followed as written. **Base contact** is required for any variation from the protocol. Patients requiring treatments not specified by a SFTP **require base contact.**	Treatments (e.g. fluid challenges, antidysrhythmic agents, vagal maneuvers) not specified in the protocol are administered and base contact is not initiated.
Pulse Oximetry Documented	Use pulse oximetry and document reading to guide oxygen therapy. The desired oxygen saturation for most non-critical patients is 94%-98%.	Pulse oximetry not documented on PCR Form.
Oxygen Documented (if indicated)	Oxygen should be administrated only when indicated for signs and/or symptoms of hypoxia such as: oxygen saturation less than 94% with respiratory distress, altered mental status or changes in skin signs.	Oxygen administration is not documented when indicated.
Dextrose/glucagon/oral glucose agent administered, if indicated	Glucose should be administered if the glucometer reading is less than **60.** If IV in unattainable, glucagon 1mg, IM is to be given.	Glucose/glucagon/oral glucose agent not administered when indicated by hypoglycemia. Incorrect dosage administered.
Ondansetron administered, if indicated	Ondansetron should be administered if nausea and/or vomiting	Ondansetron not administered when indicated by nausea and/or vomiting Incorrect dosage administered
Effects of medication documented	A response to medical treatment should be included in the patient reassessment to determine if further treatment is required.	Effects of medication not documented
Correct protocol selected	The ALS protocol is to be used for vague chief complaints that otherwise do not fit into a protocol category.	Use of protocol when clinical condition of patient indicates additional therapies needed (e.g. palpitations with dysrhythmia, vaginal bleeding > 20 weeks gestation or with abdominal pain). If correct medical treatment was rendered and just the protocol documentation number is incorrect, this does not constitute a fallout; however, this should be tracked and reported separately.

Critical Indicator Worksheet

Standing Field Treatment Protocols

REFERENCE NO. 1202 – GENERAL ALS

Sequence Number:_____ **RA:**_____

Occurrence Date:_____ **Reviewer:**_____

Indicator	Meets Criteria For Fallout	Comments
Airway		
Pulse Oximetry		
Oxygen Therapy (PRN)		
Perfusion Status		
Medical Treatment		
Medications (if indicated):		
➢ D50/Glucagon/Oral Glucose administered as prescribed		
➢ Ondansetron administered as prescribed		
➢ **Effects** of medication documented		
Correct Protocol Selected		

Critical Indicator Definitions

Standing Field Treatment Protocols

REFERENCE NO. 1210 – NON-TRAUMATIC CARDIAC ARREST (Adult)

Indicator	Rationale	Criteria for Fallout
Medical treatment not indicated that was given. Medical treatment indicated, but not given, and not supported by documentation	Protocols must be followed as written. **Base contact** is required for any variation from the protocol. Patients requiring treatments not specified by a SFTP **require base contact.**	Medication(s) given in incorrect order. Medication(s) not given between defibrillation. Medication(s) given but no defibrillation between medications when indicated.
Capnography	Waveform capnography is a sensitive indicator of perfusion status as well as an effective tool to monitor airway management	Monitor waveform capnography of all patients requiring bag-valve-mask ventilation or advanced airway placement. Document capnography reading as follows: • Every five minutes during transport • After any patient movement • Upon transfer of care • Change in patient condition
Cardiac rhythm documented	Protocol requires cardiac monitoring. Medication administration is based on dysrhythmias.	Rhythm was not documented. Incorrect rhythm interpretation.
Defibrillation (if indicated)	Protocol requires defibrillation for those patients with V-Fib/Pulseless V-Tach	Defibrillation not performed/documented. Incorrect energy level used to defibrillate.
Venous access (IV/IO)	Protocol requires venous or IO access. If an IV or IO was attempted but not established, paramedics should document IVU.	Patient treated and IV, IO or IVU not documented.
ROSC 12-Lead ECG performed, if indicated	A 12-lead ECG shall be completed on patients who have non-traumatic cardiac arrest with ROSC	ROSC patients without 12-lead ECG documented

Critical Indicator Definitions

Standing Field Treatment Protocols

REFERENCE NO. 1210 – NON-TRAUMATIC CARDIAC ARREST (Adult)

Indicator	Rationale	Criteria for Fallout
Normal Saline FC administered, if indicated, as prescribed	Normal Saline FC is indicated in the treatment of narrow complex and heart rate greater than 60 bpm.	Normal Saline FC not given when indicated.
Epinephrine administered, if indicated, as prescribed	Epinephrine is indicated in the treatment of asystole/PEA and V-Fib/Pulseless V-Tach	Epinephrine not given when indicated. Incorrect dose of epinephrine administered Incorrect sequence of medication
Amiodarone administered, if indicated, as prescribed	Amiodarone is indicated in the treatment of V-fib/Pulseless V-Tach	Amiodarone not given when indicated. Incorrect dose of Amiodarone administered. Incorrect sequence of medication.
Sodium Bicarbonate administered, if indicated, as prescribed	Sodium Bicarbonate is indicated in patients with greater than 20 minute down time If suspected tricyclic OD, base contact is required before administration	Sodium Bicarbonate not administered on patients with a greater than 20 minute down time Administered for a dialysis patient, tricyclic overdose w/o base contact. Incorrect dosage administered
Effects of medication documented	A response to medical treatment should be included in the patient reassessment to determine if further treatment is required.	Effects of medication not documented.
Base contact not made when indicated	Base contact is required for any variation from the protocol. Patients requiring treatments not specified by an SFTP require base contact.	Pediatrics Dialysis patients Tricyclic OD Calcium channel blocker OD No Return of pulses Not established for field pronouncement where indicated

Critical Indicator Worksheet

Standing Field Treatment Protocols

REFERENCE NO. 1210 – NON-TRAUMATIC CARDIAC ARREST (Adult)

Sequence Number: _____ RA:_____

Occurrence Date: _____ Reviewer:_____

Indicator	Meets Criteria For Fallout	Comments
Airway Management		
Oxygen Administration		
Medical Treatment		
Capnography		
Cardiac Rhythm Documented		
Defibrillation (if indicated)		
Venous Access (IV/IO)		
ROSC 12-Lead ECG (if applicable)		
Medications:		
➢ Normal Saline FC administered as prescribed		
➢ Epinephrine administered as prescribed		
➢ Epinephrine **effects** documented		
➢ Amiodarone administered as prescribed		
➢ Amiodarone **effects** documented		
➢ Sodium Bicarbonate administered as prescribed		
Base contact established		

Critical Indicator Definitions

Standing Field Treatment Protocols

REFERENCE NO. 1243 – ALTERED LEVEL OF CONSCIOUSNESS		
Indicator	**Rationale**	**Criteria for Fallout**
Medical treatment not indicated that was given. Medical treatment indicated, but not given, and not supported by documentation	Protocols must be followed as written. **Base contact** is required for any variation from the protocol. Patients requiring treatments not specified by a SFTP **require base contact.**	Treatments (e.g. fluid challenges, antidysrhythmic agents, vagal maneuvers) not specified in the protocol were administered and base contact was not initiated.
Glasgow Coma Score Documented	The initial GCS is the foundation for further evaluation of the patient's mental status.	GCS not documented on the PCR form.
Pulse Oximetry Documented	Use pulse oximetry and document reading to guide oxygen therapy. The desired oxygen saturation for most non-critical patients is 94%-98%.	Pulse oximetry not documented on PCR Form.
Oxygen Documented (if indicated)	Oxygen should be administrated only when indicated for signs and/or symptoms of hypoxia such as: oxygen saturation less than 94% with respiratory distress, altered mental status or changes in skin signs.	Oxygen administration is not documented (if indicated)
Venous access	Protocol requires venous access. If an IV is attempted but not established, paramedics should document "IVU" in the "medication" section of the PCR Form.	Patient treated under the 1243 protocol and IV is not documented (IVU" if IV is attempted but not established).
Blood Glucose Documented	Protocol requires that a measurement of blood glucose be determined. Hypoglycemia is a common cause of ALOC.	Blood glucose reading not documented on PCR Form.
Dextrose/glucagon/oral glucose agent administration as prescribed	Glucose should be administered if the glucometer reading is less than **60.** If IV is unattainable, glucagon 1mg IM is to be given.	Glucose/glucagon/oral glucose agent not administered when indicated by hypoglycemia. Incorrect dosage administered.
Effects of medication documented	A response to medical treatment should be included in the patient reassessment to determine if further treatment is required.	Effects of medication not documented.

Critical Indicator Worksheet

Standing Field Treatment Protocols

REFERENCE NO. 1243 – ALTERED LEVEL OF CONSCIOUSNESS

Sequence Number: _____ **RA:_____**

Occurrence Date: _____ **Reviewer:_____**

Indicator	Meets Criteria For Fallout	Comments
Airway Management		
Perfusion Status		
Medical Treatment		
GCS documented		
Pulse Oximetry documented		
Oxygen documented (PRN)		
Venous Access		
Blood glucose documented		
Medications (if indicated):		
➢ D50 / glucagon / oral glucose administered as prescribed		
➢ Medication **effects** documented		

Critical Indicator Definitions

Standing Field Treatment Protocols

REFERENCE NO. 1244 – CHEST PAIN		
Indicator	**Rationale**	**Criteria for Fallout**
Medical treatment not indicated that was given. Medical treatment indicated, but not given, and not supported by documentation	Protocols must be followed as written. **Base contact** is required for any variation from the protocol. Patients that require treatments not specified by a SFTP **require base contact.**	Treatments (e.g. fluid challenges, antidysrhythmic agents, vagal maneuvers) not specified in the protocol were administered and base contact was not initiated.
Pulse Oximetry Documented	Use pulse oximetry and document reading to guide oxygen therapy. The desired oxygen saturation for most non-critical patients is 94%-98%.	Pulse oximetry not documented on PCR Form.
Oxygen Documented (if indicated)	Oxygen should be administrated only when indicated for signs and/or symptoms of hypoxia such as: oxygen saturation less than 94% with respiratory distress, altered mental status or changes in skin signs.	Oxygen administration is not documented when indicated.
Cardiac rhythm documented	Protocol requires cardiac monitoring. Dysrhythmias are a common complication of cardiac pathophysiology and may indicate hypoxia.	Rhythm was not documented.
Venous access, if suspected cardiac origin	Protocol requires venous access, if suspected cardiac origin. If an IV is attempted but not established, paramedics should document “IVU” in the medication section of the PCR.	Patient requiring venous access when indicated and not documented.
12 Lead ECG documented, if suspected cardiac origin.	A 12 Lead ECG shall be performed on patients who complain of chest pain/discomfort of suspected cardiac etiology and/or patients who the paramedics suspect are experiencing an acute cardiac event.	12 lead ECG not performed when suspected cardiac origin.
Patient < 30 years of age with suspected cardiac chest pain, including pediatric patients	Protocol requires that **base contact** be initiated for patients < 30 years of age exhibiting signs of cardiac related chest pain (e.g. chest pain lasting 30 minutes or more not associated with respirations or movement)	Medications were administered to patients < 30 years of age without base contact.

Critical Indicator Definitions

Standing Field Treatment Protocols

REFERENCE NO. 1244 – CHEST PAIN		
Indicator	**Rationale**	**Criteria for Fallout**
Acute MI documented by 12 lead ECG transported to SRC	Not all 9-1-1 receiving facilities have cardiac catheterization labs. Transporting Acute MI patients to an open SRC provides the patient with a quicker service that is specific to medical complaint.	Acute MI's documented by 12 lead ECG not transported to an open SRC.
Nitroglycerin (NTG) administered as prescribed	Protocol specifies that NTG be given until chest pain is relieved or 3 doses have been administered. Repeat doses should not be administered if pain is relieved.	Effects of NTG not documented in appropriate boxes or narrative section. Incorrect dosage administered
Nitroglycerin (NTG) administered – Blood pressure & SED documentation	Protocol specifies to hold NTG if SBP less than 100 mmHg or if pt has taken SED w/in 48 hours. Therefore, the BP must be checked prior to each administration and after verifying and documenting that no SED was taken.	NTG given without documentation of: Initial VS, prior to subsequent doses, SBP less than 100, and if pt has taken an SED within 48 hours. SED status not documented.
Aspirin (ASA) administration as prescribed	Protocol specifies that ASA be administered if patient is alert, regardless if on anticoagulants or has taken ASA prior to EMS arrival.	ASA was not administered or incorrect dose administered. Documentation does not indicate contraindications (active GI bleeding or ulcer disease, hypersensitivity or allergy)
Morphine / Fentanyl administration as prescribed	Protocol specifies that morphine / Fentanyl be administered if chest pain was not relieved by 3 doses of nitroglycerin.	Morphine / Fentanyl was not administered when indicated. Morphine / Fentanyl was administered before 3 NTG was given. Morphine / Fentanyl was administered with poor perfusion. Vital signs were not repeated after administration. Reassessment of pain was not documented after administration. Incorrect dosage administered
Effects of medication documented (NTG / MS)	A response to medical treatment should be included in the patient reassessment to determine if further treatment is required.	Effects of medication not documented.

Critical Indicator Worksheet

Standing Field Treatment Protocols

REFERENCE NO. 1244 – CHEST PAIN

Sequence Number: _____ RA:_____

Occurrence Date: _____ Reviewer:_____

Indicator	Meets Criteria For Fallout	Comments
Airway Management		
Perfusion Status		
Medical Treatment		
Pulse Oximetry Documented		
Oxygen documented (PRN)		
Cardiac Rhythm Documented		
12 Lead ECG Performed		
Patient <30 years of age with suspected cardiac CP, including peds		
Acute MI Transported to SRC		
Medications:		
➢ NTG administered as prescribed		
➢ NTG **effects** documented		
➢ NTG administered – BP & SED documentation		
➢ ASA administered as prescribed		
➢ Morphine / Fentanyl administered as prescribed		
➢ Morphine / Fentanyl **effects** documented		
➢ Morphine / Fentanyl administered VS repeated		
Base Contact in Pediatric Patients		

Critical Indicator Definitions

Standing Field Treatment Protocols

REFERENCE NO. 1247 – OVERDOSE / POISONING		
Indicator	**Rationale**	**Criteria for Fallout**
Medical treatment not indicated that was given. Medical treatment indicated, but not given, and not supported by documentation	Protocols must be followed as written. **Base contact** is required for any variation from the protocol. Patients requiring treatments not specified by a SFTP **require base contact.**	Treatments (e.g. fluid challenges, antidysrhythmic agents, vagal maneuvers) not specified in the protocol were administered and base contact was not initiated.
Glasgow Coma Score documented	The initial GCS is the foundation for further evaluation of the patient's mental status.	GCS not documented on the PCR Form.
Pulse Oximetry Documented	Use pulse oximetry and document reading to guide oxygen therapy. The desired oxygen saturation for most non-critical patients is 94%-98%.	Pulse oximetry not documented on PCR Form.
Oxygen Documented (if indicated)	Oxygen should be administrated only when indicated for signs and/or symptoms of hypoxia such as: oxygen saturation less than 94% with respiratory distress, altered mental status or changes in skin signs.	Oxygen administration is not documented when indicated.
Cardiac rhythm documented, if indicated.	When indicated, Protocol requires cardiac monitoring.	Rhythm was not documented, when indicated. Incorrect rhythm interpretation.
Blood Glucose documented	Protocol specifies that a measurement of blood glucose be determined if indicated. This is PRN, but should be done if patient has ALOC.	Blood glucose reading not documented on the PCR Form, when indicated.
Narcan administration (if indicated)	Protocol specifies that narcan (naloxone) is to be administered when a suspicion of narcotic overdose or hypoventilation exists.	Narcan not administered when indicated by diminished respiratory rate and effort. Incorrect dosage administered Repeat doses not administered when indicated - partial response to narcan is the basis for repeat doses. Alternate routes (IM/IN) not utilized when IV access not obtained. Narcan not administered to the patient with pinpoint pupils hypoventilation, or suspicion of overdose.

Critical Indicator Definitions

Standing Field Treatment Protocols

REFERENCE NO. 1247 – OVERDOSE / POISONING		
Indicator	**Rationale**	**Criteria for Fallout**
Dextrose/Glucagon/oral glucose agent administration (if indicated)	Glucose should be administered if the Glucometer reading is less than **60.** If IV is unattainable, glucagon 1mg IM is to be given.	Glucose/Glucagon/oral glucose agent not administered when indicated by hypoglycemia. Incorrect dosage administered
Effects of medication documented	A response to medical treatment should be included in the patient reassessment to determine if further treatment is required.	Effects of medication not documented.

Critical Indicator Worksheet

Standing Field Treatment Protocols

REFERENCE NO. 1247 – OVERDOSE / POISONING

Sequence Number: _____ **RA:**_____

Occurrence Date: _____ **Reviewer:**_____

Indicator	Meets Criteria For Fallout	Comments
Airway Management		
Perfusion Status		
Medical Treatment		
GCS Documented		
Pulse Oximetry Documented		
Oxygen Documented (PRN)		
Cardiac Rhythm Documented		
Blood Glucose Documented (if ALOC)		
Medications:		
➢ Narcan Administered (if indicated)		
➢ D50 / glucagon / oral glucose administered (if indicated)		
➢ **Effect** of medications documented		

Critical Indicator Definitions

Standing Field Treatment Protocols

REFERENCE NO. 1248 – PAIN MANAGEMENT

Indicator	Rationale	Criteria for Fallout
Medical treatment not indicated that was given. Medical treatment indicated, but not given, and not supported by documentation	Protocols must be followed as written. **Base contact** is required for any variation from the protocol. Patients requiring treatments not specified by a SFTP **require base contact.**	Treatments (e.g. fluid challenges, antidysrhythmic agents, vagal maneuvers) not specified in the protocol were administered and base contact was not initiated.
Pulse Oximetry Documented	Use pulse oximetry and document reading to guide oxygen therapy. The desired oxygen saturation for most non-critical patients is 94%-98%.	Pulse oximetry not documented on PCR Form.
Oxygen Documented (if indicated)	Oxygen should be administrated only when indicated for signs and/or symptoms of hypoxia such as: oxygen saturation less than 94% with respiratory distress, altered mental status or changes in skin signs.	Oxygen administration is not documented when indicated.
Morphine / Fentanyl administration as prescribed	Protocol specifies that Morphine / Fentanyl be administered for moderate to severe pain.	Morphine / Fentanyl was not administered when indicated. Morphine / Fentanyl was administered with poor perfusion. If Morphine / Fentanyl was not given, documentation did not state why not given or if other methods of pain relief was provided. Vital signs were not repeated after administration. Reassessment of pain was not documented after administration. Incorrect dosage administered
Medication effects documented	A response to medical treatment should be included in the patient reassessment to determine if further treatment is required.	Effects of medication not documented.
Protocol usage	Protocol is to be used for pain management that does not fit into other protocol categories Patients needing pain management for complaints other than what is covered in SFTPs, require Base Contact for treatment.	Use of protocol when clinical condition of patient indicates additional therapies needed (e.g. palpitations with dysrhythmia, vaginal bleeding > 20 weeks gestation or with abdominal pain). If correct medical treatment was rendered and just the protocol documentation number is incorrect, this does not constitute a fallout; however, this should be tracked and reported separately.

Critical Indicator Worksheet

Standing Field Treatment Protocols

REFERENCE NO. 1248 – PAIN MANAGEMENT

Sequence Number: _____ **RA:**_____

Occurrence Date: _____ **Reviewer:**_____

Indicator	Meets Criteria For Fallout	Comments
Airway Management		
Perfusion Status		
Medical Treatment		
Pulse Oximetry Documented		
Oxygen Documented (PRN)		
Non-Invasive pain management documented		
Burn Injury referred to Ref. 1271		
Trauma related injuries referred to Ref. 1275		
Chest pain referred to Ref. 1244		
≥20 weeks pregnant referred to Ref. 1261		
Vital signs documented prior to and after Morphine / Fentanyl administration		
Medication (if indicated):		
➢ Morphine / Fentanyl administration		
➢ Medication **effects** documented		

Critical Indicator Definitions

Standing Field Treatment Protocols

REFERENCE NO. 1249 – RESPIRATORY DISTRESS		
Indicator	**Rationale**	**Criteria for Fallout**
Medical treatment not indicated that was given. Medical treatment indicated, but not given, and not supported by documentation	Protocols must be followed as written. **Base contact** is required for variations from the protocol. Patients requiring treatments not specified by a SFTP **require base contact.**	Treatments (e.g. fluid challenges, antidysrhythmic agents, vagal maneuvers) not specified in the protocol were administered and base contact was not initiated.
Pulse Oximetry Documented	Use pulse oximetry and document reading to guide oxygen therapy. The desired oxygen saturation for most non-critical patients is 94%-98%.	Pulse oximetry not documented on PCR Form.
Oxygen Documented (if indicated)	Oxygen should be administrated only when indicated for signs and/or symptoms of hypoxia such as: oxygen saturation less than 94% with respiratory distress, altered mental status or changes in skin signs.	Oxygen administration is not documented when indicated.
Lung sounds documented	Treatment of shortness of breath by SFTP requires differentiation of lung sounds. If lung sounds are not assessed correctly the wrong protocol will be applied.	Lung sounds were not documented.
Cardiac rhythm documented	Protocol requires cardiac monitoring.	Rhythm was not documented. Incorrect rhythm interpretation.
Continuous Positive Airway Pressure (CPAP) (If indicated and if provider is approved for CPAP use)	Improves alveolar ventilation. In the acute management of CHF, CPAP improves cardio-respiratory function and sustained tissue oxygenation. The combination of CPAP with medical treatment in patients with CHF significantly reduces the need for intubation.	Not provided when indicated. Tx given when contraindications exists (less than 14 y/o, pneumothorax, inability to maintain airway, decreased LOC, facial trauma, epistaxis, unable to tolerate the mask, SBP<90).
Albuterol Administered as prescribed	Albuterol via hand held nebulizer should be administered for wheezing. Wheezing can be the initial sign of pulmonary edema, and in these cases should be used in conjunction with NTG. • 5mg (1 yr and older) • 2.5mg (under 1 yr old) via hand – held nebulizer. May repeat PRN.	Albuterol not administered when indicated for patient with wheezing. Albuterol not repeated when indicated by continued wheezing. Incorrect dosage administered

Critical Indicator Definitions

Standing Field Treatment Protocols

REFERENCE NO. 1249 – RESPIRATORY DISTRESS		
Indicator	**Rationale**	**Criteria for Fallout**
Albuterol administration – effects of medication documented	A response to medical treatment should be included in the patient reassessment to determine if further treatment is required.	Effects of albuterol not documented.
Nitroglycerin (NTG) administration as prescribed	NTG is to be administered for relief of SOB associated with rales according to systolic blood pressure titration parameters.	NTG not administered according to SBP parameters when documentation does not indicate relief of SOB. NTG given with signs and symptoms of pneumonia (clues are hot skins, hx of pneumonia, ECF patient). NTG administered when SBP below 100mmHg. NTG administered when patient has taken a SED within 48 hrs. Incorrect dosage administered
Nitroglycerin (NTG) administered - effects of medication not documented	A response to medical treatment should be included in the patient reassessment to determine responsiveness to treatment and if further treatment is required.	Effects of NTG not documented in appropriate boxes or narrative section.
Nitroglycerin (NTG) administered – blood pressure and SED documentation	Protocol specifies to hold NTG if SBP less than 100 mmHg or if pt has taken SED w/in 48 hours. Therefore, the BP must be checked prior to each administration and after verifying and documenting that no SED was taken.	NTG given without documentation of: Initial VS, prior to subsequent doses, SBP less than 100, and if pt has taken an SED within 48 hours. SED status not documented.
Epinephrine IM administered as prescribed	Protocol specifies that Epinephrine be administered if respiratory status is **deteriorating** after the first Albuterol treatment. • Dose is (1:1000) 0.3 mg IM (0.01 mg/kg for pediatric patients).	Epinephrine not administered when indicated by deteriorating respiratory status (tachypnea, cyanosis, tachycardia, dyspnea, accessory muscle use). Epinephrine given to patient > 40 without base contact. Incorrect dosage administered
Epinephrine HHN administered as prescribed	Protocol specifies that Epinephrine by HHN be administered in stidorous patients who are in severe resp distress and croup is suspected: • 5mg w/5 mL NS (1 yr and older) • 2.5mg w/5mL NS (under 1 yr old) via hand – held	Epinephrine HHN not administered when croup is heard and patient presents in severe respiratory distress. Epinephrine HHN given when patient's heart rate is greater than 200 bpm. Incorrect dosage administered

Critical Indicator Definitions

Standing Field Treatment Protocols

REFERENCE NO. 1249 – RESPIRATORY DISTRESS		
Indicator	**Rationale**	**Criteria for Fallout**
	nebulizer. DO NOT REPEAT	
Epinephrine administration – effects of medication documented	A response to medical treatment should be included in the patient reassessment to determine responsiveness to treatment and if further treatment is required.	Effects of epinephrine not documented.
Epinephrine repeat doses administered	Protocol specifies that Epinephrine be repeated every 20 minutes two times.	Epinephrine not repeated when indicated by continued deterioration of respiratory status.
Epinephrine withheld when indicated	Patients over 40 years of age require base contact. Contraindicated in pregnancy.	Administered to a patient over 40 years of age w/o base contact. Administered to a pregnant patient.
Pediatric Patient	Pediatric patients' should only be treated for asthmatic-type symptoms with either albuterol &/or epinephrine	Treating pediatric patients' with Ntg. w/o base hospital contact.

Critical Indicator Worksheet

Standing Field Treatment Protocols

REFERENCE NO. 1249 – RESPIRATORY DISTRESS

Sequence Number: _____ RA:_____

Occurrence Date: _____ Reviewer:_____

Indicator	Meets Criteria For Fallout	Comments
Airway Management		
Perfusion Status		
Medical Treatment		
Pulse Oximetry Documented		
Oxygen Documentation (PRN)		
Lung Sounds Documented		
Cardiac Rhythm Documented		
CPAP (if indicated & approved provider)		
Medications:		
➢ Albuterol administered as prescribed		
➢ Albuterol **effects** documented		
➢ NTG administration according to BP parameters		
➢ NTG administered: BP & SED documentation		
➢ Epinephrine IM administration as prescribed		
➢ Epinephrine HHN administration as prescribed		
➢ Epinephrine **effects** documented		
➢ Epinephrine withheld (if indicated)		
Lungs sounds diminished due to severe bronchospasm – treated with albuterol &/or epinephrine only		
Pediatric Patient		

Critical Indicator Definitions

Standing Field Treatment Protocols

REFERENCE NO. 1250 – SEIZURE (ADULT)

Indicator	Rationale	Criteria for Fallout
Medical treatment not indicated that was given. Medical treatment indicated, but not given, and not supported by documentation	Protocols must be followed as written. **Base contact** is required for any variation from the protocol. Patients requiring treatments not specified by a SFTP **require base contact.**	Treatments (e.g. fluid challenges, antidysrhythmic agents, vagal maneuvers) not specified in the protocol were administered and base contact was not initiated.
Glasgow Coma Score Documented	The initial GCS is the foundation for further evaluation of the patient's mental status.	GCS not documented on the EMS form.
Pulse Oximetry Documented	Use pulse oximetry and document reading to guide oxygen therapy. The desired oxygen saturation for most non-critical patients is 94%-98%.	Pulse oximetry not documented on PCR Form.
Oxygen Documented (if indicated)	Oxygen should be administrated only when indicated for signs and/or symptoms of hypoxia such as: oxygen saturation less than 94% with respiratory distress, altered mental status or changes in skin signs.	Oxygen administration is not documented when indicated.
Blood glucose documented	Protocol requires that a measurement of blood glucose be determined. Hypoglycemia is a common cause of seizures.	Blood glucose reading not documented on PCR Form.
Midazolam administered as prescribed (if indicated)	Protocol specifies Midazolam be administered for altered patients that are actively seizing.	Midazolam administered to postictal patient or patient that is awake and alert. Incorrect dosage administered
Dextrose / Glucagon/oral glucose agent administration	Glucose should be administered if the Glucometer reading is less than **60.** If IV is unattainable, glucagon 1mg IM is to be given.	Glucose/Glucagon/oral glucose agent not administered when indicated by hypoglycemia. Incorrect dosage administered
Effects of medication documented	A response to medical treatment should be included in the patient reassessment to determine if further treatment is required.	Effects of medication not documented
Repeat Vital signs are documented following midazolam administration.	Midazolam is known to cause a reduction in blood pressure and respiratory depression. Patient BP, HR, RR, pulse oximetry and GCS are to be reassessed following administration of midazolam.	Repeat vital signs were not documented following midazolam administration

Critical Indicator Worksheet

Standing Field Treatment Protocols

REFERENCE NO. 1250 – SEIZURE (ADULT)

Sequence Number: _____ **RA:**_____

Occurrence Date: _____ **Reviewer:**_____

Indicator	Meets Criteria For Fallout	Comments
Airway Management		
Perfusion Status		
Medical Treatment		
Pulse Oximetry Documented		
Oxygen Documented (PRN)		
GCS Documented		
Blood Glucose Documented		
Medication:		
➢ Midazolam administered as prescribed (if indicated)		
➢ D50/glucagon / oral glucose agent administered (if indicated)		
➢ **Effects** of medications administered documented		
Vital signs repeated following medication administration		

Critical Indicator Definitions

Standing Field Treatment Protocols

REFERENCE NO. 1251 – STROKE/ACUTE NEUROLOGICAL DEFICITS

Indicator	Rational	Criteria for Fallout
Medical treatment not indicated that was given. Medical treatment indicated, but not given, and not supported by documentation	Protocols must be followed as written. **Base contact** is required for any variation from the protocol. Patients requiring treatments not specified by a SFTP **require base contact.**	Treatments (e.g. fluid challenges, antidysrhythmic agents, vagal maneuvers) not specified in the protocol were administered and base contact was not initiated.
Pulse Oximetry Documented	Use pulse oximetry and document reading to guide oxygen therapy. The desired oxygen saturation for most non-critical patients is 94%-98%.	Pulse oximetry not documented on PCR Form.
Oxygen Documented (if indicated)	Oxygen should be administrated only when indicated for signs and/or symptoms of hypoxia such as: oxygen saturation less than 94% with respiratory distress, altered mental status or changes in skin signs.	Oxygen administration is not documented when indicated.
Cardiac rhythm documented	Protocol requires cardiac monitoring. Dysrhythmias are commonly associated with neurological deficits.	Rhythm not documented.
Blood glucose documented	Protocol requires that a measurement of blood glucose be determined. Hypoglycemia is a common cause of acute neurological deficits.	Blood glucose reading not documented on PCR Form.
Dextrose / Glucagon/oral glucose agent administration (if indicated)	Glucose should be administered if the Glucometer reading is less than **60.** If IV is unattainable, glucagon 1mg IM is to be given.	Glucose/Glucagon/oral glucose agent not administered when indicated by hypoglycemia. Incorrect dosage administered
Effects of medication documented	A response to medical treatment should be included in the patient reassessment to determine if further treatment is required.	Effects of medicaton not documented.
mLAPSS Documented	All patients are to be assessed for mLAPSS criteria to ensure appropriate destination	mLAPSS screening not documented
Transport to ASC if mLAPSS criteria met	Patients meeting mLAPSS criteria are to be transported to the closest ASC for appropriate neurological treatment	Patient meeting mLAPSS criteria not transported to ASC

Critical Indicator Worksheet

Standing Field Treatment Protocols

REFERENCE NO. 1251 – STROKE/ACUTE NEUROLOGICAL DEFICITS

Sequence Number: _____ RA:_____

Occurrence Date: _____ Reviewer:_____

Indicator	Meets Criteria For Fallout	Comments
Airway Management		
Perfusion Status		
Medical Treatment		
Pulse Oximetry Documentation		
Oxygen Documented (PRN)		
Cardiac Rhythm Documented		
Blood Glucose Documented		
Medication:		
➢ D50/Glucagon/oral glucose agent administered (if indicated)		
➢ **Effects** of medication administration documented		
mLAPSS / LKWT Documented		
Transport to ASC if mLAPSS met		

Critical Indicator Definitions

Standing Field Treatment Protocols

REFERENCE NO. 1252 – SYNCOPE		
Indicator	**Rational**	**Criteria for Fallout**
Medical treatment not indicated that was given. Medical treatment indicated, but not given, and not supported by documentation	Protocols must be followed as written. **Base contact** is required for any variation from the protocol. Patients requiring treatments not specified by a SFTP **require base contact.**	Treatments (e.g. fluid challenges, antidysrhythmic agents, vagal maneuvers) not specified in the protocol was administered and base contact was not initiated.
Pulse Oximetry Documented	Use pulse oximetry and document reading to guide oxygen therapy. The desired oxygen saturation for most non-critical patients is 94%-98%.	Pulse oximetry not documented on PCR Form.
Oxygen Documented (if indicated)	Oxygen should be administrated only when indicated for signs and/or symptoms of hypoxia such as: oxygen saturation less than 94% with respiratory distress, altered mental status or changes in skin signs.	Oxygen administration is not documented when indicated.
Cardiac rhythm documented	Protocol requires cardiac monitoring. Dysrhhythmias are commonly associated with syncope.	Rhythm not documented
12 Lead ECG (if suspected cardiac origin)	12 Lead ECG is clinically indicated for patients with suspected cardiac origin that have experience a syncopal episode.	12 ECG not performed on patient with suspected cardiac origin.
Blood Glucose Documented	Protocol requires that a measurement of blood glucose be determined. Hypoglycemia is a common cause of ALOC.	Blood glucose r reading not documented on PCR Form.
Dextrose / Glucagon / oral glucose agent administration (If indicated)	Glucose should be administered if the Glucometer reading is less than **60**. If IV is unattainable, glucagon 1mg IM is to be given.	Glucose/Glucagon/oral glucose agent not administered when indicated by hypoglycemia. Incorrect dosage administered
Effects of medication documented	A response to medical treatment should be included in the patient reassessment to determine if further treatment is required.	Effects of medication not documented.

Critical Indicator Worksheet

Standing Field Treatment Protocols

REFERENCE NO. 1252 - SYNCOPE

Sequence Number: _____ RA:_____

Occurrence Date: _____ Reviewer:_____

Indicator	Meets Criteria For Fallout	Comments
Airway Management		
Perfusion Status		
Medical Treatment		
Pulse Oximetry Documented		
Oxygen Documented (PRN)		
Cardiac Rhythm Documented		
12 Lead ECG (if suspected cardiac origin)		
Blood Glucose Documented		
Medication:		
➢ D50/glucagons/oral glucose agent administered (if indicated)		
➢ **Effects** of medication administration documented		

Critical Indicator Definitions

Standing Field Treatment Protocols

REFERENCE NO. 1261 – EMERGENCY CHILDBIRTH (MOTHER)		
Indicator	**Rational**	**Criteria for Fallout**
Medical treatment not indicated that was given. Medical treatment indicated, but not given, and not supported by documentation	Protocols must be followed as written. **Base contact** is required for any variation from the protocol. Patients requiring treatments not specified by a SFTP **require base contact.**	Treatments (e.g. fluid challenges) not specified in the protocol were administered and base contact was not initiated.
Pulse Oximetry Documented	Use pulse oximetry and document reading to guide oxygen therapy. The desired oxygen saturation for most non-critical patients is 94%-98%.	Pulse oximetry not documented on PCR Form.
Oxygen Documented (if indicated)	Oxygen should be administrated only when indicated for signs and/or symptoms of hypoxia such as: oxygen saturation less than 94% with respiratory distress, altered mental status or changes in skin signs.	Oxygen administration is not documented when indicated.
Evidence of Abnormal Presentation	Abnormal presentations require **base contact.**	Abnormal presentation documented and base contact was not initiated.
Evidence of multiple gestation	Multiple gestation require base contact	Multiple gestation documented and base contact was not initiated
Prolapsed Cord	If a pulseless prolapsed cord is identified, the presenting part must be manually displaced and the hips elevated. **Followed with base contact.**	Evidence of cord compression and appropriate measures were not instituted or base contact was not made following emergency measures.
Correct protocol applied	Protocol is for mothers in active labor, emergency childbirth or patient's 20 weeks or more pregnant with pregnancy-related complaints.	1261 protocol used for gynecological patients or patients less than 20 weeks pregnant. If correct medical treatment was rendered and just the protocol documentation number is incorrect, this does not constitute a fallout; however, this should be tracked and reported separately.

Critical Indicator Worksheet

Standing Field Treatment Protocols

REFERENCE NO. 1261 – EMERGENCY CHILDBIRTH (MOTHER)

Sequence Number:_____ **RA:**_____

Occurrence Date:_____ **Reviewer:**_____

Indicator	Meets Criteria For Fallout	Comments
Airway Management		
Perfusion Status		
Medical Treatment		
Pulse Oximetry Documented		
Oxygen Documented (PRN)		
Abnormal Presentation (if head does not deliver)		
Multiple Gestation		
Prolapsed Cord (no cord pulse)		
Correct protocol applied		

Critical Indicator Definitions

Standing Field Treatment Protocols

REFERENCE NO. 1262 – EMERGENCY CHILDBIRTH (NEWBORN)		
Indicator	**Rational**	**Criteria for Fallout**
Airway Management	Basic airway management as indicated by the patient's respiratory status.	Patient exhibits signs of ineffective ventilation and ventilation is not assisted with a BVM.
Perfusion Status (Neonate)	Perfusion in the newborn is evidenced by capillary refill and skin color, heart rate and respiratory effort.	Skin color and capillary refill not documented.
Medical treatment not indicated that was given. Medical treatment indicated, but not given, and not supported by documentation	Protocols must be followed as written. **Base contact** is required for any variation from the protocol. Patients requiring treatments not specified by a SFTP **require base contact.**	Treatments not specified in the protocol were administered and base contact was not initiated.
Resuscitative measures	SFTPs are not to be utilized for newborn infants exhibiting signs of poor perfusion. **Base contact** is required if heart rate remains less than 100 bpm, in spite of stimulation and suctioning.	Heart rate is less than 100 bpm and not rising in spite of stimulation and suctioning. Base contact not initiated.
Chest Compressions Initiated/Documented When Appropriate	Chest compressions must be initiated for newborns with a persistent heart rate of less than 60 bpm.	Heart rate is persistently less than 60 bpm and chest compressions were not initiated.
Correct protocol applied	Protocol is for newborns delivered by EMS personnel or delivered immediately prior to EMS arrival.	Protocol was utilized for newborns that were not newly delivered. If correct medical treatment was rendered and just the protocol documentation number is incorrect, this does not constitute a fallout. However, this should be tracked and reported separately.

Critical Indicator Worksheet

Standing Field Treatment Protocols

REFERENCE NO. 1262 – EMERGENCY CHILDBIRTH (NEWBORN)

Sequence Number:_____ **RA:**_____

Occurrence Date:_____ **Reviewer:**_____

Indicator	Meets Criteria For Fallout	Comments
Airway Management		
Perfusion Status		
Medical Treatment		
Resuscitative measures		
Chest compressions initiate/documented when appropriate		
Correct protocol applied		

Critical Indicator Definitions

Standing Field Treatment Protocols

REFERENCE NO. 1264 – PEDIATRIC SEIZURE		
Indicator	**Rational**	**Criteria for Fallout**
Medical treatment not indicated that was given. Medical treatment indicated, but not given, and not supported by documentation	Protocols must be followed as written. **Base contact** is required for any variation from the protocol. Patients requiring treatments not specified by a SFTP r**equire base contact.**	Treatments (e.g. fluid challenges, antidysrhythmic agents, vagal maneuvers) not specified in the protocol were administered and base contact was not initiated.
Pulse Oximetry Documented	Use pulse oximetry and document reading to guide oxygen therapy. The desired oxygen saturation for most non-critical patients is 94%-98%.	Pulse oximetry not documented on PCR Form.
Oxygen Documented (if indicated)	Oxygen should be administrated only when indicated for signs and/or symptoms of hypoxia such as: oxygen saturation less than 94% with respiratory distress, altered mental status or changes in skin signs.	Oxygen administration is not documented when indicated.
Passive cooling measures initiated (if indicated)	Passive cooling (removal of blankets and clothing) are to be initiated when seizure activity is related to fever.	Passive cooling not initiated/documented when indicated by warm/hot skin or fever.
Blood glucose documented (If patient is non-febrile)	Protocol states blood glucose measurement is PRN. Hypoglycemia is a common cause of seizures; therefore, in non-febrile children, blood glucose should be performed.	Blood glucose reading not documented on PCR when there is no fever.
Dextrose / Glucagon / oral glucose agent administration	Glucose should be administered if the Glucometer reading is less than **60**. Oral glucose when patient is awake and oriented. 25% Dextrose (2ml/kg) is indicated children less than two years. 50% Dextrose (1ml/kg) is indicated for children greater than two (2) years. Glucagon 1mg IM if IV unattainable	Administering an oral glucose agent on an ALOC. Administering 25% Dextrose: • To child greater than 2 years of age. • Incorrect dosage • Not administered for low blood sugar as specified. Administering 50% Dextrose: • To child less than 2 years of age. • Incorrect dose • Not administered for low blood sugar as specified.

Critical Indicator Definitions

Standing Field Treatment Protocols

REFERENCE NO. 1264 – PEDIATRIC SEIZURE		
Indicator	**Rational**	**Criteria for Fallout**
		Administering Glucagon: • Not administered if IV unattainable with low blood sugar as specified. • Incorrect dosage administered
Midazolam administered	Protocol specifies Midazolam be administered for patients that are actively seizing. (In accordance with the Color Code Drug Dosages for LA County Kids).	Midazolam administered to patient that is not actively seizing. Incorrect dosage administered
Repeat Vital signs are documented following midazolam administration.	Midazolam is known to cause a reduction in blood pressure and respiratory depression. Patient BP, HR, RR, pulse oximetry and GCS are to be reassessed following administration of midazolam.	Repeat vital signs were not documented following midazolam administration
Narcan administration	Protocol specifies that narcan (naloxone) is to be administered if hypoventilation with suspected narcotic overdose.	Narcan not administered when indicated by hypoventilation with suspected narcotic overdose. Incorrect dosage administered
Response to medications documented	A response to medical treatment should be included in the patient reassessment to determine if further treatment is required.	Response to medications not documented.

Critical Indicator Definitions

Standing Field Treatment Protocols

REFERENCE NO. 1264 – PEDIATRIC SEIZURE

Sequence Number: _____ **RA:**_____

Occurrence Date: _____ **Reviewer:**_____

Indicator	Meets Criteria For Fallout	Comments
Airway Management		
Perfusion Status		
Medical Treatment		
Pulse Oximetry Documented		
Oxygen Documented (PRN)		
Passive Cooling Measures (if indicated)		
Blood Glucose Documented (if non-febrile)		
Medication:		
➢ D25 / D50 / glucagon / oral glucose agent administered (if indicated)		
➢ Midazolam administered when indicated		
➢ Vital signs repeated following midazolam administration		
➢ Narcan administration if indicated		
➢ **Effect** of medications documented		

Critical Indicator Definitions

Standing Field Treatment Protocols

REFERENCE NO. 1271 - BURNS		
Indicator	**Rational**	**Criteria for Fallout**
Medical treatment not indicated that was given. Medical treatment indicated, but not given, and not supported by documentation	Protocols must be followed as written. **Base contact** is required for any variation from the protocol. Patients requiring treatments not specified by a SFTP **require base contact.**	Treatments not specified in the protocol were administered and base contact was not initiated.
Pulse Oximetry Documented	Use pulse oximetry and document reading to guide oxygen therapy. The desired oxygen saturation for most non-critical patients is 94%-98%.	Pulse oximetry not documented on PCR Form.
Oxygen Documented (if indicated)	Oxygen should be administrated only when indicated for signs and/or symptoms of hypoxia such as: oxygen saturation less than 94% with respiratory distress, altered mental status or changes in skin signs.	Oxygen administration is not documented when indicated.
Cardiac rhythm documented (if electrical burns)	Protocol requires cardiac monitoring on patients who have received electrical burns. Dysrhythmias are possible complication of electrical burns and may indicate cardiac tissue damage.	Rhythm was not documented.
Morphine / Fentanyl administered, if indicated	Protocol specifies that Morphine / Fentanyl be administered for moderate to severe pain.	Morphine / Fentanyl was not administered when indicated. Morphine / Fentanyl was administered with poor perfusion. If Morphine / Fentanyl was not given, documentation did not state why not given or if other methods of pain relief was provided. Vital signs were not repeated after administration. Reassessment of pain was not documented after administration.

Critical Indicator Definitions

Standing Field Treatment Protocols

REFERENCE NO. 1271 - BURNS		
Indicator	**Rational**	**Criteria for Fallout**
		Incorrect dosage administered
Effects of medication documented (MS)	A response to medical treatment should be included in the patient reassessment to determine if further treatment is required.	Effects of medication not documented.
Mechanism of Injury	Mechanism of injury is essential for the burn/trauma team to determine the type and extent of suspected injury.	Mechanism of injury and extent of burn not documented.
Fluid Challenge, if inidcated	Normal Saline 10ml/kg (20ml/kg - pediatrics) rapid IV bolus is indicated as the initial fluid challenge.	Fluid challenge not documented when indicated and reason not documented (e.g. IV unable).
Patient reassessed following fluid challenge	Patient heart rate, blood pressure, and mentation are to be reassessed following administration of fluids.	Reassessment not documented following fluid challenge.
Burn Treatment	Thermal burns: Cool the burn. Chemical burn: brush and flush with copious amounts of water. Electrical: Cardiac rhythm documented.	Appropriate treatment(s) not rendered when indicated.
Correct Protocol Applied	The 1271 protocol is for patients that have sustained thermal, chemical or electrical burns. If the patient has additional trauma; additional protocols should be used.	1271 protocol not utilized when indicated or utilized when not indicated. If correct medical treatment was rendered and just the protocol documentation number is incorrect, this does not constitute a fallout; however, this should be tracked and reported separately.

Critical Indicator Worksheet

Standing Field Treatment Protocols

REFERENCE NO. 1271 - BURNS

Sequence Number:_____ **RA:**_____

Occurrence Date:_____ **Reviewer:**_____

Indicator	Meets Criteria for Fallout	Comments
Airway Management		
Medical Treatment		
Pulse Oximetry Documented		
Oxygen Documented (PRN)		
Cardiac rhythm documented (if electrical burn)		
Medication:		
➢ Morphine / Fentanyl administered as prescribed		
➢ **Effect** of medication documented		
Mechanism of Injury		
Fluid Challenge as prescribed		
Patient reassessed following fluid challenge		
Burn Treatment		
Correct Protocol Applied		

Critical Indicator Definitions

Standing Field Treatment Protocols

REFERENCE NO. 1275 – GENERAL TRAUMA

Indicator	Rational	Criteria for Fallout
Medical treatment not indicated that was given. Medical treatment indicated, but not given, and not supported by documentation	Protocols must be followed as written. **Base contact** is required for any variation from the protocol. Patients requiring treatments not specified by a SFTP **require base contact.**	Treatments not specified in the protocol were administered and base contact was not initiated.
Correct protocol selected	Protocol is utilized for all trauma patients. All patients meeting trauma criteria / guidelines / judgment per Reference No. 506, shall be transported to a Trauma Center.	Patient meets trauma criteria or guidelines (Reference No. 506) and is transported to a non-trauma receiving hospital. **(Exception: Trauma Center can not be reached within 30 minutes or patients in extremis)**
Mechanism of Injury	Mechanism of injury (MOI) is an essential element of trauma assessment.	Patient sustained trauma and mechanism of injury is not documented.
Pulse Oximetry Documented	Use pulse oximetry and document reading to guide oxygen therapy. The desired oxygen saturation for most non-critical patients is 94%-98%.	Pulse oximetry not documented on PCR Form.
Oxygen Documented (if indicated)	Oxygen should be administrated only when indicated for signs and/or symptoms of hypoxia such as: oxygen saturation less than 94% with respiratory distress, altered mental status or changes in skin signs.	Oxygen administration is not documented when indicated.
Morphine / Fentanyl Utilized For Analgesia In Isolated Extremity Injury	Paramedics may administer Morphine / Fentanyl for **isolated extremity trauma**. Patients having potential for additional (chest, abdominal, head) injuries must not receive Morphine / Fentanyl (based on MOI).	Morphine / Fentanyl administered for analgesia and MOI suggests potential for head, abdominal, chest injuries or poor perfusion. Incorrect dosage administered
Effects of medication documented	A response to medical treatment should be included in the patient reassessment to determine if further treatment is required.	Effects of medication not documented.
Venous Access	Protocol requires venous access. If an IV is attempted but not established, paramedics should document “IVU” in the “Medication” section of the PCR Form.	Patient treated under the 1275 protocol and IV is not documented (“IVU” if IV is attempted, but not established).

Critical Indicator Definitions

Standing Field Treatment Protocols

REFERENCE NO. 1275 – GENERAL TRAUMA		
Indicator	**Rational**	**Criteria for Fallout**
Fluid Challenge/Fluid administration, if Indicated	Protocol specifies that a fluid challenge (FC) is to be administered when the major trauma patient exhibits signs of poor perfusion (based on Ref 1200). If there is no response to the FC, fluid resuscitation shall begin. Normal saline administered wide open (WO) is considered fluid resuscitation. For pediatrics, a fluid resuscitation is an additional 20ml/kg rapid IV bolus.	Patient exhibits signs of poor perfusion (based on SFTP Guidelines for Determining Perfusion) and FC/resuscitation was not documented (or "IVU", if an IV cannot be established).
Fluid Challenge Calculated Correctly	Normal Saline 10ml/kg (20ml/kg - pediatrics) rapid IV bolus is to be administered as a fluid challenge.	Fluid challenge administered and correct amount (based on patient weight) is not documented. If patient weight is not documented the amount administered is considered to be wrong.
Response To Fluid Challenge administration	Patient response to fluid resuscitation including repeat blood pressure, pulse, and skin signs are on the PCR Form. An upward arrow indicates improvement, a downward arrow indicates deterioration and an "N" indicates no change.	Response to fluid administration was not documented. Repeat VS not documented.
Flail Segment Stabilized	Paradoxical chest wall movement indicates probable flail chest. Ventilation may be ineffective if the flail segment is not stabilized.	Paradoxical chest wall movement is documented and method(s) of stabilization not documented.
Sucking Chest Wounds Sealed	Sucking chest wounds are to be sealed on 3 sides with an occlusive dressing.	Patient has a sucking chest wound and application of an occlusive dressing was not performed.
Evisceration Dressed / Covered	Eviscerations are to be dressed with moist saline and non-adhering dressing. Do not attempt to return to body cavity.	Evisceration not covered with moist, non-adhering dressing. Eviscerated organ was reinsert into body cavity.
Needle Thoracostomy Performed When Indicated	Needle thoracostomy is indicated when the trauma patient exhibits the following signs: Unilateral breath sounds, SBP =/< 80 plus one of the following: ALOC, severe respiratory distress, cyanosis, shock, cool/pale/moist skin	Patient exhibits the following signs: unilateral breath sounds, SBP =/< 80 and one of the following: ALOC, severe respiratory distress, cyanosis, shock, cool/pale/moist skin and needle thoracostomy was not performed.

Critical Indicator Definitions

Standing Field Treatment Protocols

REFERENCE NO. 1275 – GENERAL TRAUMA		
Indicator	**Rational**	**Criteria for Fallout**
Response to Needle Thoracostomy Documented	If needle thoracostomy is performed, documentation must include a description of the effects of the procedure: patient improvement (evidenced by improved ventilation, BP, skin color, mentation, and reduction of tracheal deviation and/or neck vein distension), no change in patient condition or patient deterioration (evidenced by increase in initial symptoms or additional symptoms).	Needle thoracostomy performed and effects of the procedure was not documented.

Critical Indicator Worksheet

Standing Field Treatment Protocols

REFERENCE NO. 1275 – GENERAL TRAUMA

Sequence Number:_____ **RA:**_____

Occurrence Date:_____ **Reviewer:**_____

Indicator	Meets Criteria For Fallout	Comments
Airway Management		
Oxygen Administration		
Medical Treatment		
Correct Protocol Selected		
Mechanism of Injury		
Pulse Oximetry documented		
Oxygen documented (PRN)		
Medication:		
➢ Morphine / Fentanyl administered per protocol		
➢ **Effects** of medication documented		
Venous Access		
FC/Fluid administration when indicated		
FC calculated correctly		
Response to FC administration		
Flail Segment Stabilized		
Sucking Chest Wounds Sealed		
Evisceration Dressed / Covered		
Needle Thoracostomy Performed		
Response to Needle Thoracostomy Documented		

Critical Indicator Definitions

Standing Field Treatment Protocols

REFERENCE NO. 1277 – TRAUMATIC ARREST

Indicator	Rationale	Criteria for Fallout
Medical treatment not indicated that was given. Medical treatment indicated, but not given, and not supported by documentation	Protocols must be followed as written. **Base contact** is required for any variation from the protocol. Patients requiring treatments not specified by a SFTP **require base contact.**	Medication(s) given without base contact.
Oxygen administration	Oxygen administration should be documented with the use of BVM, ETT or King LTs-D.	Oxygen administration is not documented.
Capnography	Waveform capnography is a sensitive indicator of perfusion status as well as an effective tool to monitor airway management	Monitor waveform capnography of all patients requiring bag-valve-mask ventilation or advanced airway placement. Document capnography reading as follows: • Every five minutes during transport • After any patient movement • Upon transfer of care • Change in patient condition
Mechanism of Injury	Mechanism of injury is essential for the trauma team to determine the type and extent of suspected injury.	Mechanism of injury not documented.
Cardiac rhythm documented	Protocol requires cardiac monitoring. Defibrillation is based on rhythm identification.	Rhythm was not documented. Incorrect rhythm interpretation.
Defibrillation (if indicated)	Protocol requires defibrillation for those patients with an initial rhythm of V-Fib / Pulseless V-Tach	Defibrillation not performed/documented. Incorrect energy level used to defibrillate.
Needle Thoracostomy	Needle thoracostomy is indicated when the traumatic arrest patient has chest trauma and difficult ventilation and/or diminished breath sounds	Needle thoracostomy not performed when the traumatic arrest patient has chest trauma and difficult ventilation and/or diminished breath sounds
Effects of Needle Thoracostomy Documented	If needle thoracostomy is performed, documentation must	Needle thoracostomy performed and effects of the

Critical Indicator Definitions

Standing Field Treatment Protocols

REFERENCE NO. 1277 – TRAUMATIC ARREST		
Indicator	**Rationale**	**Criteria for Fallout**
	include a description of the effects of the procedure: patient improvement (evidenced by improved ventilation, BP, skin color, and reduction of tracheal deviation and/or neck vein distension), no change in patient condition or patient deterioration (evidenced by increase in initial symptoms or additional symptoms).	procedure was not documented.
IV or IO Access	Protocol requires venous or IO access. If an IV or IO was attempted but not established, paramedics should document IVU.	Patient treated and IV, IO or IVU not documented.
Fluid Resuscitation	Protocol specifies that a fluid resuscitation is to be administered. A fluid resuscitation is documented in the "Dose" column and the amount administered in the "Total IV Fluids Received" section of the PCR. Normal saline administered wide open (WO) is considered fluid resuscitation in adults. For pediatrics, a fluid resuscitation is an additional 20ml/kg rapid IV bolus.	Patient exhibits signs of poor perfusion (based on SFTP Guidelines for Determining Perfusion) and fluid resuscitation was not documented (or "IVU", if an IV cannot be established).
Correct Protocol Applied	Protocol is for patients that have sustained a significant trauma that produces cardio-pulmonary arrest. If no trauma is found and patient is in cardiac arrest, utilize appropriate protocol.	Protocol not utilized when indicated or utilized when not indicated. If correct medical treatment was rendered and just the protocol documentation number is incorrect, this does not constitute a fallout; however, this should be tracked and reported separately.

Critical Indicator Worksheet

Standing Field Treatment Protocols

REFERENCE NO. 1277 – TRAUMATIC ARREST

Sequence Number:_____ **RA:**_____

Occurrence Date:_____ **Reviewer:**_____

Indicator	Meets Criteria for Fallout	Comments
Airway Management		
Medical Treatment		
Oxygen Administration		
Capnography		
Mechanism of Injury		
Cardiac rhythm documented		
Defibrillation (if indicated)		
Needle thoracostomy		
Effects of needle thoracostomy documented		
IV or IO Access		
Fluid Resuscitation		
Response to fluids		
Correct Protocol Applied		